

## Section 5 - TOPICAL MODULES

### Part A - CONSUMER DURABLES

**CHECK  
ITEM T1**

Is this the Reference Person's  
questionnaire?

**8000**

- 1 ☐ Yes  
2 ☐ No - *SKIP to Check Item C1, page 63*

*IF PERSONAL VISIT, SHOW FLASHCARD AA*

**1. Which of the following items do you  
currently have in your home (OR  
building) that are in working condition?**

**a. Washing machine**

**8002**

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**b. Clothes dryer**

**8006**

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**c. Dish washer**

**8010**

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**d. Refrigerator**

**8014**

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**e. Food freezer (separate  
from refrigerator)**

**8018**

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**f. Color television**

**8022**

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**g. Gas or electric stove  
(with or without oven)**

**8026**

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**h. Microwave oven**

**8030**

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**i. Videocassette  
recorder (VCR)**

**8034**

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**j. Air conditioner  
(central or room)**

**8038**

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**k. Personal computer**

**8042**

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**l. Telephone**

**8046**

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

NOTES

TOPICAL MODULES



## Section 5 – TOPICAL MODULES (Continued)

### Part B – LIVING CONDITIONS (Continued)

#### A. HOUSING (Continued)

IF PERSONAL VISIT, SHOW FLASHCARD CC

**3. On a scale of 1 to 10, where 10 is best and 1 is worst, how would you rate –**

**a. The general state of repair of your home**

8130

 

x1 ☐ DK

**b. The amount of room or space your home has**

8132

 

x1 ☐ DK

**c. The furnishings in your home**

8134

 

x1 ☐ DK

**d. The warmth of your home in winter**

8136

 

x1 ☐ DK

**e. The coolness of your home in summer**

8138

 

x1 ☐ DK

**f. The amount of privacy your home offers**

8140

 

x1 ☐ DK

**g. The security or safety of your home**

8142

 

x1 ☐ DK

**h. The convenience of your home to stores and shopping**

8144

 

x1 ☐ DK

**i. Your relationship with neighbors**

8146

 

x1 ☐ DK

**4. Do you feel that the conditions in this house are undesirable enough that you would like to move?**

8148

1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**5. On a scale of 1 to 10, how would you rate this (house/apartment) as a place to live? 10 is best and 1 is worst.**

8150

 

Rating  
x1 ☐ DK

**6. On a scale of 1 to 10, how would you rate this neighborhood? 10 is best and 1 is worst.**

8152

 

Rating  
x1 ☐ DK

NOTES

# Section 5 - TOPICAL MODULES (Continued)

## Part B - LIVING CONDITIONS (Continued)

### B. CRIME

7a. In the past month, have there been any times when you wanted to go somewhere but stayed at home instead because you thought it would be unsafe to leave home?

8154

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

b. When you go out, do you ever carry anything to protect yourself?

8156

- 1 ☐ Yes  
2 ☐ No

IF PERSONAL VISIT, SHOW FLASHCARD DD FOR QUESTIONS 8 AND 9

8. Do you consider your neighborhood very safe from crime, fairly safe, fairly unsafe, or very unsafe?

8158

- 1 ☐ Very safe  
2 ☐ Fairly safe  
3 ☐ Fairly unsafe  
4 ☐ Very unsafe  
x1 ☐ DK

9. How about your home? Do you consider it very safe from crime, fairly safe, fairly unsafe, or very unsafe?

8160

- 1 ☐ Very safe  
2 ☐ Fairly safe  
3 ☐ Fairly unsafe  
4 ☐ Very unsafe  
x1 ☐ DK

10. We are interested in finding out if people do anything in particular to keep thieves or intruders out of their homes. Does your household have a dog for the purpose of keeping thieves and intruders out, or any special DEVICES such as electric timers for lights, or an alarm system?

8162

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

### C. NEIGHBORHOOD CONDITIONS

IF PERSONAL VISIT, SHOW FLASHCARD EE

11. Do you think any of the following conditions are problems in this neighborhood?

a. Street noise or heavy street traffic

8170

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

b. Streets in need of repair

8172

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

c. Crime

8174

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

d. Trash, litter, or garbage in the streets and lots

8176

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

e. Rundown or abandoned houses or buildings

8178

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

f. Industries, businesses, or other non-residential activities

8180

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

g. Odors, smoke, or gas fumes

8182

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

12. Do you feel that neighborhood conditions are unsatisfactory enough that you would like to move?

8184

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

## Section 5 - TOPICAL MODULES (Continued)

### Part B - LIVING CONDITIONS (Continued)

#### D. COMMUNITY SERVICES

*IF PERSONAL VISIT, SHOW FLASHCARD FF*

- 13. On a scale of 1 to 10, where 10 is best and 1 is worst, how would you rate the following services or conditions in your neighborhood?**

**a. Hospitals, health clinics, and doctors**

8186

 

X1 ☐ DK

**b. Parks and recreational facilities**

8188

 

X1 ☐ DK

**c. Public transportation**

8190

 

X1 ☐ DK

**d. Police services**

8192

 

X1 ☐ DK

**e. Fire department services**

8194

 

X1 ☐ DK

**f. Neighborhood stores**

8196

 

X1 ☐ DK

**g. Quality of education in local schools**

8198

 

X1 ☐ DK

**h. Safety in local schools**

8200

 

X1 ☐ DK

**i. Education or training opportunities in the community**

8202

 

X1 ☐ DK

- 14. Do you feel that the services in your area are unsatisfactory enough that you would like to move?**

8204

1 ☐ Yes  
2 ☐ No  
X1 ☐ DK

NOTES



## Section 5 – TOPICAL MODULES (Continued)

### Part C – BASIC NEEDS

#### A. ABILITY TO MEET EXPENSES

- 1. During the past 12 months, has there been a time when your household did not meet its essential expenses? By essential expenses, I mean things like the mortgage or rent payment, utility bills, or important medical care.**

**8300** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

FIELD  
REPRESENTATIVE  
INSTRUCTION

▶ When asking items 2a through 2g, if respondent answers "Yes," then ask questions 3 and 4 (if applicable) before moving to the next condition.

*IF PERSONAL VISIT, SHOW FLASHCARD GG*

- 2. In the past 12 months, has there been a time when your household –**

*Mark (X) all that apply.*

- a. did not pay the full amount of the rent or mortgage?**

**8302** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

- 3. Did any person or organization help?**

**8304** 1 ☐ Yes  
2 ☐ No

- 4. (Please look at Flashcard HH.) Who helped?**

**8306** ☐ ☐  
x1 ☐ DK

- b. was evicted from your home/apartment for not paying the rent or mortgage?**

**8308** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**8310** 1 ☐ Yes  
2 ☐ No

**8312** ☐ ☐  
x1 ☐ DK

- c. did not pay the full amount of the gas, oil, or electricity bills?**

**8314** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**8316** 1 ☐ Yes  
2 ☐ No

**8318** ☐ ☐  
x1 ☐ DK

- d. had service turned off by the gas or electric company, or oil company would not deliver oil?**

**8320** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**8322** 1 ☐ Yes  
2 ☐ No

**8324** ☐ ☐  
x1 ☐ DK

- e. had service disconnected by the telephone company because payments were not made?**

**8326** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**8328** 1 ☐ Yes  
2 ☐ No

**8330** ☐ ☐  
x1 ☐ DK

- f. had someone in your household who needed to see a doctor or go to the hospital but didn't go?**

**8332** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**8334** 1 ☐ Yes  
2 ☐ No

**8336** ☐ ☐  
x1 ☐ DK

- g. had someone who needed to see a dentist but didn't go?**

**8338** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**8340** 1 ☐ Yes  
2 ☐ No

**8342** ☐ ☐  
x1 ☐ DK

#### B. HELP WHEN IN NEED

- 5. Please look at Flashcard II for these next three questions. If your household had a problem with which you needed help (for example, sickness or moving), how much help would you expect to get from family living nearby?**

**8344** 1 ☐ All of the help I/we need  
2 ☐ Most of the help I/we need  
3 ☐ Very little of the help I/we need  
4 ☐ No help  
x1 ☐ DK  
x3 ☐ NA

- 6. If your household had a problem with which you needed help, how much help would you expect to get from friends?**

**8346** 1 ☐ All of the help I/we need  
2 ☐ Most of the help I/we need  
3 ☐ Very little of the help I/we need  
4 ☐ No help  
x1 ☐ DK  
x3 ☐ NA

- 7. If your household had a problem with which you needed help, how much help would you expect to get from other people in the community besides family and friends, such as a social agency or a church?**

**8348** 1 ☐ All of the help I/we need  
2 ☐ Most of the help I/we need  
3 ☐ Very little of the help I/we need  
4 ☐ No help  
x1 ☐ DK  
x3 ☐ NA

## Section 5 - TOPICAL MODULES (Continued)

### Part C - BASIC NEEDS (Continued)

#### C. FOOD ADEQUACY

<b>8. Which of these statements best describes the food eaten in your household in the last four months (Read responses)?</b>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8350</div> <div> <input type="checkbox"/> <b>Enough of the kinds of food we want - SKIP to Check Item C1, page 63</b>  <input type="checkbox"/> <b>Enough but not always the kinds of food we want to eat - SKIP to Check Item C1, page 63</b>  <input type="checkbox"/> <b>Sometimes not enough to eat</b>  <input type="checkbox"/> <b>Often not enough to eat</b>  <input type="checkbox"/> <b>DK - SKIP to Check Item C1, page 63</b> </div> </div>
<b>9. In which months did the household not have enough to eat?</b> <i>Mark (X) all that apply.</i>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8352</div> <div> <input type="checkbox"/> Last month  <input type="checkbox"/> Two months ago  <input type="checkbox"/> Three months ago  <input type="checkbox"/> Four months ago         </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8354</div> <div> <input type="checkbox"/> Last month  <input type="checkbox"/> Two months ago  <input type="checkbox"/> Three months ago  <input type="checkbox"/> Four months ago         </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8356</div> <div> <input type="checkbox"/> Last month  <input type="checkbox"/> Two months ago  <input type="checkbox"/> Three months ago  <input type="checkbox"/> Four months ago         </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8358</div> <div> <input type="checkbox"/> Last month  <input type="checkbox"/> Two months ago  <input type="checkbox"/> Three months ago  <input type="checkbox"/> Four months ago         </div> </div>
<i>IF PERSONAL VISIT, SHOW FLASHCARD JJ</i>	
<b>10. Which of the following reasons explain why your family did not have enough food?</b>	
<b>a. Did not have enough money, food stamps, or WIC vouchers to buy food or beverages</b>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8360</div> <div> <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> DK         </div> </div>
<b>b. Did not have working appliances for storing or preparing foods (such as a stove or refrigerator)</b>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8362</div> <div> <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> DK         </div> </div>
<b>c. Did not have transportation (transportation problems)</b>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8364</div> <div> <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> DK         </div> </div>
<b>d. Some other reason</b>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8366</div> <div> <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> DK         </div> </div>
<b>11. Thinking about the past month, how many days did your household have no food or money (or food stamps) to buy food?</b>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8368</div> <div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <span style="margin-right: 5px;"> </span> <span style="margin-right: 5px;"> </span> </div>           Number of days  <input type="checkbox"/> <b>None - SKIP to Check Item C1, page 63</b> </div> </div>
<b>12. About how much did your household fall short on its food budget last month?</b>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8370</div> <div> <div style="display: flex; align-items: center;"> <span style="margin-right: 5px;">\$</span> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin-left: 5px;">             00           </div> </div> <input type="checkbox"/> <b>DK</b> </div> </div>

NOTES